








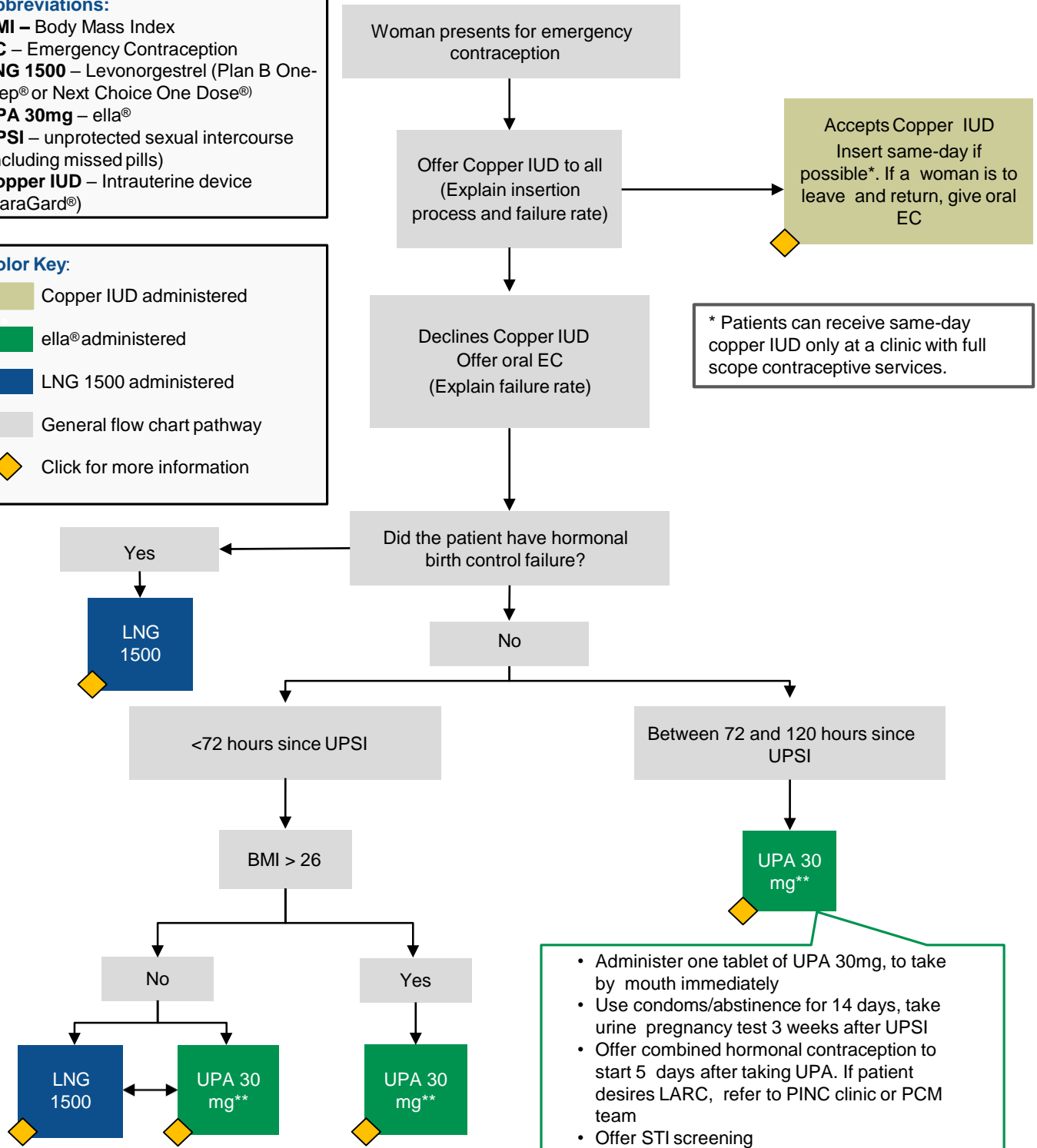
Flow Chart to Aid Emergency Contraception (EC) Decision-Making Process Clinical Providers

Abbreviations:

BMI – Body Mass Index
EC – Emergency Contraception
LNG 1500 – Levonorgestrel (Plan B One-Step® or Next Choice One Dose®)
UPA 30mg – ella®
UPSI – unprotected sexual intercourse (including missed pills)
Copper IUD – Intrauterine device (ParaGard®)

Color Key:

 Copper IUD administered
 ella® administered
 LNG 1500 administered
 General flow chart pathway
 Click for more information

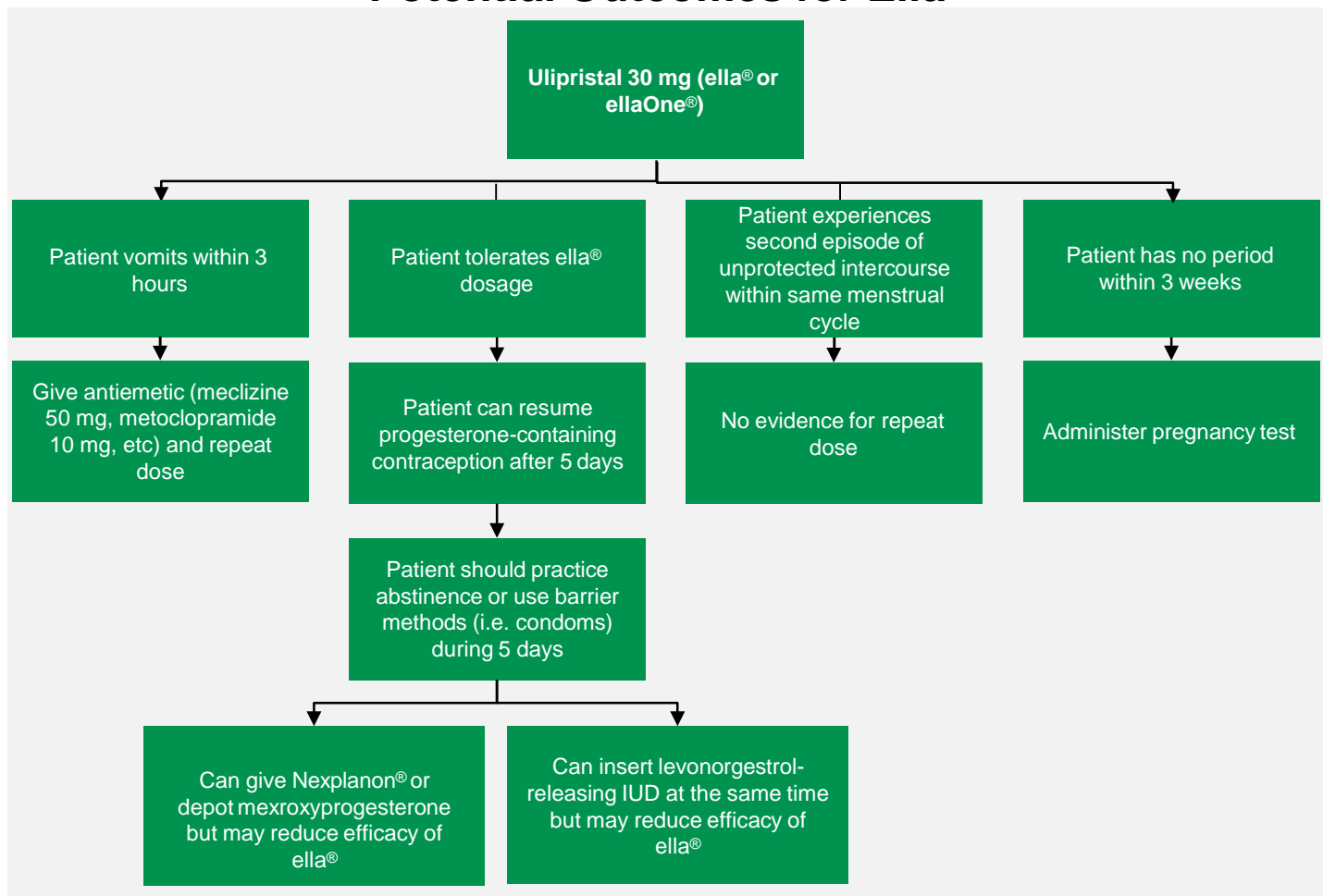




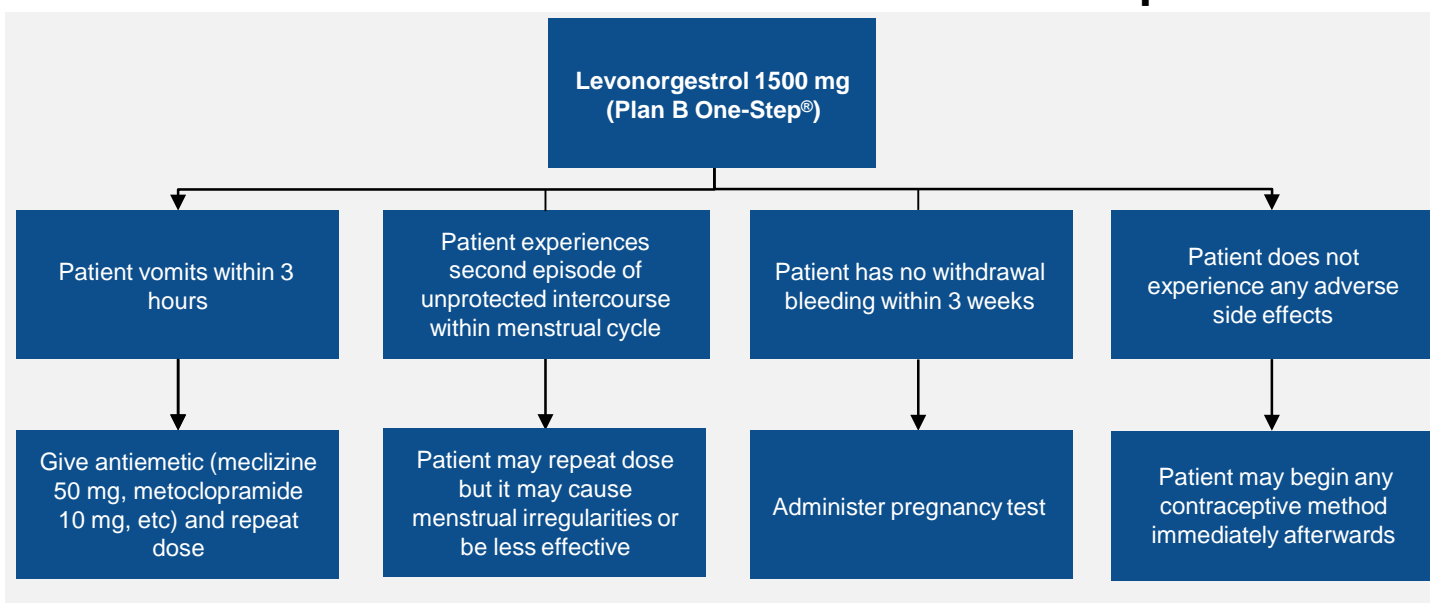
Flow Chart to Aid Emergency Contraception (EC) Decision-Making Process Clinical Providers: Addendum



Potential Outcomes for Ella®



Potential Outcomes for Plan B One-Step®

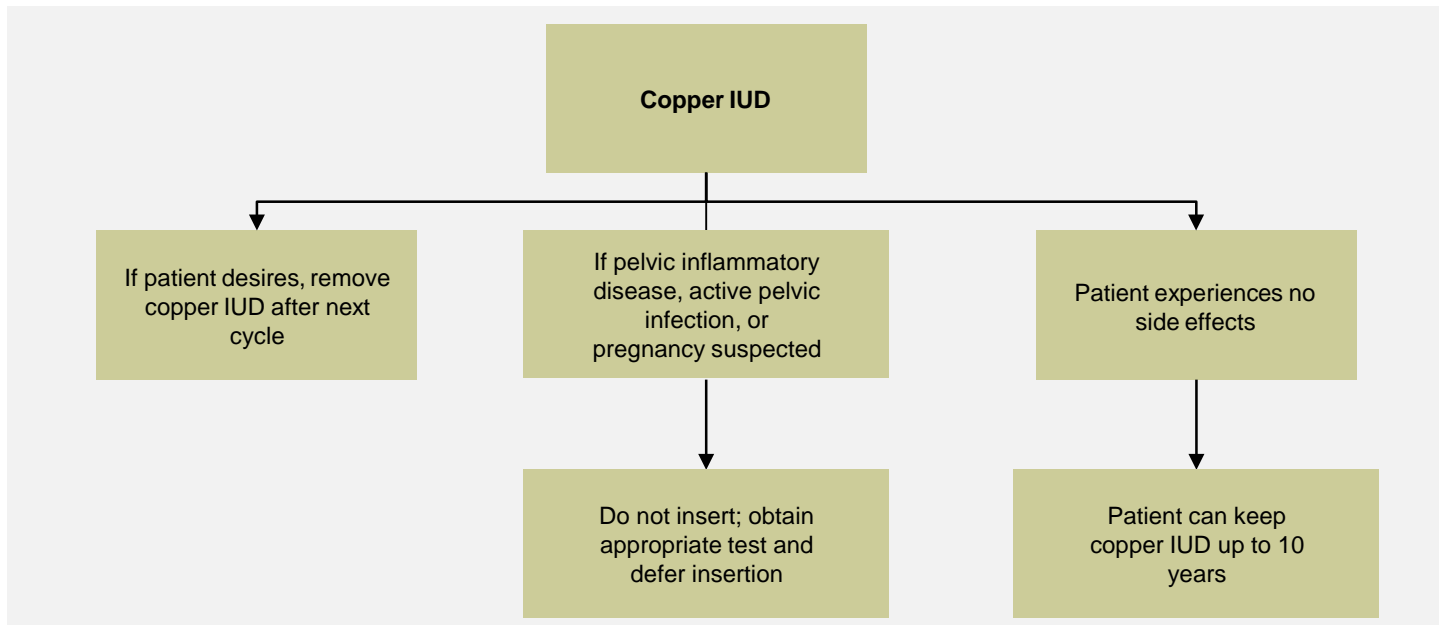




Flow Chart to Aid Emergency Contraception (EC) Decision-Making Process Clinical Providers: Addendum



Potential Outcomes for Copper Intrauterine Devices (IUDs)



If the patient would prefer to take their Oral Contraceptive Pills (OCP) as EC, the following doses are recommended:

Names of OCPs and Recommended Doses for EC Effect			
4 Pills for First and Second Dose ¹		5 Pills for First and Second Dose	6 Pills for First and Second Dose
Altavera Amethia Ayuna Camrese Chateal Cryselle Elinest Enpresse Introvale Jolessa Kurvelo Levonest	Levora Low-Ogestrel Marlissa Myzilra Nordette Portia Quasense Seasonale Seasonique Setlakin Triphasil Trivora	Afirmelle Amethia Lo Aubra Aviane CamreseLo Falmina Lessina LoSeasonique Lutera Orsythia Sronyx Vienna	Amethyst

Footnotes:

1) Second dose of OCP should be taken 24 hours after the first dose



Flow Chart to Aid Emergency Contraception (EC)

Decision-Making Process

Nurse Run Protocol



Intake form required to be administered by nurses to patients presenting for Emergency Contraception

1	When was your last known menstrual period? (Please do urine HCG if greater than one month ago)		
	Answer:		
2	When did you have unprotected intercourse?		
	Answer:		
3	Have you used emergency contraception prior to this request?		
	No	Yes, plan-B (insert date in comments)	Yes, ella (specify in the comments)
4	Would you like to be screened for sexually transmitted infections today?		
	No	Yes	
5	Are you currently using any form of contraception?		
	No	Yes, oral contraception	Yes, condoms
6	If you are on oral contraception pills, when did you take your last pill?		
	Answer:		
7	If you are not on any form of contraception, would you like to schedule an appointment for contraception today, or attend the walk-in contraception clinic on Mondays from 1200-1530? (please specify in comments if appointment is booked.)		
	Yes	No	
8	Do you have any allergies? (if yes, please specify in comments)		
	Yes	No	
9	Are you on any medications? (if yes, please specify in comments)		
	Yes	No	
10	Treatment options: *Offer placement of copper IUD if provider and appointment available. *Please use ella™ as first line oral contraception unless oral birth control failure is reason for emergency contraception. Ella™ can be taken up to 5 days after unprotected intercourse.		
	Copper IUD if provider and appointment available	Ella™ 30mg tablet (do not use progestin containing birth control for 5 days)	Plan B™ (use if patient is on oral contraception and unprotected intercourse occurred less than 72 hours prior)
11	Method specific education		
	Copper IUD (ParaGard): Offers immediate contraceptive effect. Failure rate less than 1%. Offers continued birth control for up to 10 years. Your next period should be on time, if not, please take a pregnancy test. Screening for sexually transmitted infections available.	Ella™: You will need to wait 5 days to begin a new hormonal method of birth control. Progestin may make ella™ less effective. Please use condoms or abstain from any Intercourse for 14 days after starting a new birth control. You should take a pregnancy test 3 weeks from the incident of unprotected intercourse. Screening for sexually transmitted infections is available.	Levonorgestrel (Plan B One-Step™): You may start a new birth control immediately. Your next period should occur on time, if not, please take a pregnancy test. You may also take a pregnancy test 3 weeks after the incident of unprotected sex. Screening for sexually transmitted infections is available. Plan B™ may be also purchased over the counter.
12	Patient education:		
	Take the pill as soon as you pick it up.	If you have unprotected sex again after you take the pill, you can still become pregnancy. Use a condom or another type of birth control if you have sex again after you take the emergency contraception.	If you throw up less than 3 hours after you take the pill, you will need to take it again. Please contact the clinic, so that a nausea medication can be ordered for you.
12	Emergency Contraception will not terminate an existing pregnancy, and it is still possible to become pregnant with emergency contraception. You should get your period within a week of when you expect it. If you do not get your period within 3-4 weeks of using emergency contraception, take a pregnancy test.		
	Contact the clinic if you have heavy bleeding or pain in your belly.		



EC Methods Quick Reference Guide



Copper IUD (ParaGard®)

- Offers an immediate contraceptive effect.
- Failure rate of approximately 1 in 2000 or 0.0005%.
- The patient's next period should be on-time. If not, conduct a pregnancy test.
- Offer sexually transmitted infection screening if patient reports exposure or if active infection is suspected.

Levonorgestrel (Plan B One-Step® or Next Choice®)

- Conducive to immediately starting another form of contraception.
- Failure rate for oral EC of 1 in 50 or 2%.
- Patients should take pregnancy test 3 weeks from incident of unprotected sex.
- The patient's next period should be on-time. if not, conduct a pregnancy test.
- Offer STI screening to all patients. Consider treatment with antibiotics if patient's STI status is unknown.
- Core formulary located at each MTF.

Ella®

- Patients can only begin hormonal method of contraception 5 days after taking ella®.
- Patients must use condoms or abstain for 14 days while starting new contraception,
- Failure rate for oral EC of 1 in 50 or 2%.
- Patients should take pregnancy test 3 weeks from incident of unprotected sex.
- Offer STI screening to all patients. Consider treatment with antibiotics if patient's STI status is unknown.

Additional Resources for Patients

For additional information on contraceptive options, visit:

www.bedsider.org

Additional Resources for Providers

www.bedsider.org

www.reproductiveaccess.org

www.cdc.gov

MTF-Specific Resources

Full scope contraceptive services are available on a walk in basis in the Women's Health Clinic Mondays 1200-1530, or by appointment with PCM.



Click for more information